

DETROIT MEDICAL CENTER  
DEPARTMENT OF MEDICINE  
**DELINEATION OF PRIVILEGES IN GENERAL INTERNAL MEDICINE**

APPLICANT NAME: \_\_\_\_\_

**PLEASE PRINT**

**QUALIFICATIONS:**

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified, or in the active certification process, in their practice specialty. See Board Certification addendum for complete requirements.*

**Core Privileges in General Internal Medicine**

1. Minimum qualification requires Board Certification in General Internal Medicine (**and/or sub-specialty certification**) through the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, and successful completion of an accredited ACGME or AOA **residency** program in General Internal Medicine Diseases by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

AND

2. Documented clinical experience in the practice of General Internal Medicine.

A. If the applicant is within 2 years of completion of an accredited ACGME or AOA **residency** program in General Internal Medicine Diseases, a letter from the residency director (or surrogate) must be supplied.

B. If the applicant completed training in General Internal Medicine Diseases at an accredited ACGME or AOA **residency** program more than 2 years before the application, proof of activity in the practice of General Internal Medicine may be demonstrated by either (1) or (2).

1) Proof of sufficient hospital inpatient activity to demonstrate delivery of care meeting accepted standards and guidelines, and without demonstrated variance from standards as recommended by the Chief of Medicine.

2) Proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request the applicant may be requested to gather additional letters of reference or other information to support the application and to determine quality of care.

## DELINEATION OF PRIVILEGES IN GENERAL INTERNAL MEDICINE

APPLICANT NAME: \_\_\_\_\_

PLEASE PRINT

### Special Privileges

Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of indications for the procedures/test/ therapy, and documentation of the competence to obtain and retain clinical privileges. Where nationally recognized certification agencies have established specific criteria for minimal clinical experience, the criteria will be cited and followed.

### Emergency Privileges

In case of an emergency, any medical staff member will do what ever is necessary to protect the life and safety of a patient.

### Reappointment Requirements

Current demonstrated competence and sufficient volume to evaluate quality of care and ongoing quality of care without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department of Medicine. Minimum volume requirements is twelve (12) patient contacts (admission/discharges, consults or procedures) in the previous two (2) year period.

Demonstration of ongoing professionalism and citizenship to the community through participation which promotes quality of care, including:

- A. Completion of CME requirements in the field of Internal Medicine or IM sub-specialty practice.
- B. Maintain board certification by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and/or sub-specialty board certification.
- C. Participation in Medical Staff activities as outlined in the Bylaws.

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

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**REQUESTED PRIVILEGES:**

(R)=Requested (A)=Recommend Approval as Requested (C)=Recommend with Conditions (N)=Not Recommended

**Note:** If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

**Applicant:** Please place a check mark in the (R) column for each privilege requested.

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(R) (A) (C) (N)

**MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to outpatient office (**ambulatory**) only. No inpatient privileges.

**DO NOT COMPLETE THE REMAINDER OF THIS FORM.**

**Sign form on PAGE 3.**

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(R) (A) (C) (N)

**CORE PRIVILEGES IN GENERAL INTERNAL MEDICINE**

Admit, diagnose and provide treatment or consultative services to patients with illness, injury or disorders pertaining to general medicine.

Core privileges include:

1. Lumbar puncture
2. Major joint aspiration/injection
3. Abdominal paracentesis
4. Arterial puncture for blood gases and pressure monitoring
5. Interpretation of EKG
6. Skin biopsy
7. Peak flow interpretation
8. Evaluation and/or consultation of appropriate diagnostic radiographs
9. Thoracentesis

**These core privileges do not include any of the following special procedures:**

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**SPECIAL PRIVILEGES IN GENERAL INTERNAL MEDICINE**

(R) (A) (C) (N)

1. Central venous catheter insertion, and pressure monitoring
  2. Fiberoptic flexible sigmoidoscopy, with biopsy
  3. Endotracheal tube placement
  4. Investigational drug therapy
  5. Total parenteral nutrition
-



**DELINEATION OF PRIVILEGES IN ADDICTION MEDICINE**  
**ADDENDUM\***

APPLICANT NAME: \_\_\_\_\_

**Please Print**

**Qualifications:** In order to be eligible to request clinical privileges in addiction medicine, an applicant must meet the following minimum threshold criteria:

- A. Basic education: Doctor of Allopathic (MD) or Osteopathic Medicine (DO)
- B. Minimum formal training: The applicant must have successfully completed an ACGME/AOA approved residency program in a primary care specialty including Internal Medicine, Family Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry or Emergency Medicine.
- C. Completion of an accredited training program in addiction medicine or demonstrate that they are working toward certification by ASAM (American Society of Addiction Medicine) or AAAP (American Academy of Addiction Psychiatry), said certification must be completed within 4 years of its onset OR have completed a fellowship program in addiction medicine or addiction psychiatry.
- D. Required previous experience: The applicant must be able to demonstrate that he or she has performed at least 50 diagnostic or therapeutic Addiction medicine procedures (medical detoxifications) during training and 25 diagnostic or therapeutic Addiction medicine procedures (medical detoxifications) in a 12 months period to maintain privileges.

**Requested Privilege:**

**(R) (A) (C) (N)**

**Clinical Privileges in Addiction Medicine**

The following procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in addiction medicine.

- A. Assessment, diagnosis, and treatment of substance use disorders (addiction, abuse, intoxication and withdrawal disorders).
- B. Management of the following:
  - 1. Severe or complex intoxication
  - 2. Severe or complex withdrawal
  - 3. Medical complications of substance use disorders
- C. Provide consultation services in addiction medicine for patients, in collaboration with the physician who requests the consultation. These services would likely include taking the history, performing a physical examination, ordering evaluative medication management.
- D. Integration of addiction medicine expertise with other health care providers including specialist in the emergency department and intensive care units.
- E. Work collaboratively with allied health practitioners, including psychologists, nurse practitioners, physician assistants and pharmacists.

**Addendum to the following Department Delineation of Privileges:**

- Emergency Medicine
- Family Medicine
- **Internal Medicine \***
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry

APPLICANT NAME: \_\_\_\_\_

**Please Print**

**Acknowledgement of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges and hereby stipulate that I meet the minimum threshold criteria for this request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**Service Chief / Specialist-in-Chief Recommendations:**

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

- Recommend as requested
- Do not recommend
- Recommend with conditions/modification as listed

\_\_\_\_\_  
Chief of Service (or designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specialist-in-Chief (or designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatry Specialist-in-Chief (or designee) Signature

\_\_\_\_\_  
Date

**Joint Conference Committee Approval:**

\_\_\_\_\_  
Date

DETROIT MEDICAL CENTER  
DELINEATION OF PRIVILEGES IN SLEEP MEDICINE  
**ADDENDUM**

To the following department delineation of privileges:

\*Internal Medicine, \*Family Medicine, \*Otolaryngology, \*Neurology, \*Pediatrics or \*Psychiatry.

APPLICANT NAME: \_\_\_\_\_

**PLEASE PRINT**

**QUALIFICATIONS:**

Initial Applications

***Effective July 1, 2009, all new applicants to the DMC will be required to be board certified, or in the active certification process, in their practice specialty. See Board Certification addendum for complete requirements.***

1. Current board certification by the American Board of Sleep Medicine; **or** the specialty specific certifying organization (ABMS/AOA specialties noted above), **and** Subspecialty certification in Sleep Medicine; **or**
2. Current board certification by a specialty specific certifying organization (ABMS /AOA specialties noted above), **and** successful completion of a sleep medicine fellowship training program, and in the active certification process (see attached Board Certification addendum).

Reappointment Requirements

Maintenance of privilege qualifications and current demonstrated competence and experience in the practice of Sleep Medicine, through ongoing professional practice evaluation without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department.

**REQUESTED PRIVILEGES:**

**(R)=Requested (A)=Recommend Approval as Requested (C)=Recommend with Conditions (N)=Not Recommended**

***Note:*** *If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant*

**Applicant: Please place a check mark in the (R) column for each privilege requested.**

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**(R) (A) (C) (N)**

**Membership Only Status, No Clinical Privileges**

*(Check 'R' box and go directly to the signature page; do not complete the remainder of this form).*

DELINEATION OF PRIVILEGES IN SLEEP MEDICINE  
ADDENDUM

APPLICANT NAME: \_\_\_\_\_

**PLEASE PRINT**

**REQUESTED PRIVILEGES:**

**(R)=Requested (A)=Recommend Approval as Requested (C)=Recommend with Conditions (N)=Not Recommended**

***Note:*** If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant

**Applicant: Please place a check mark in the (R) column for each privilege requested.**

**(R) (A) (C) (N)**

**Core Privileges In Sleep Medicine**

Evaluate, diagnose and provide treatment or consultative services to patients presenting with conditions or disorders of sleep; i.e.

- sleep-disorder breathing
- circadian rhythm disorders
- insomnia
- parasomnias
- narcolepsy
- restless leg syndrome
- polysomnography (PSG) (including sleep stage scoring)
- evaluation and interpretation of CPAP/BiPAP titration
- multiple sleep latency testing (MSLT)
- actigraphy
- sleep log interpretation
- home/ambulatory testing
- maintenance of wakefulness testing (MWT)

**Acknowledgement of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Chief of Service/Service Chief/Specialist-in-Chief Recommendations:**

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

Recommend as requested

Do not recommend

Recommend with conditions/modification as listed

\_\_\_\_\_  
Chief of Service (or designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specialist-in-Chief (or designee) Signature

\_\_\_\_\_  
Date

**Joint Conference Committee Approval:**

JCC 10.25.11 – Revised (Sleep Medicine)

\_\_\_\_\_  
Date



DETROIT MEDICAL CENTER

**BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013